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Bib Data Sheet

CONFIRMATION NO. 5987

|  |   |                                  |   |   |                                |
|--|---|----------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/992,869   | <b>FILING DATE</b><br>11/14/2001<br><b>RULE</b>   | <b>CLASS</b><br>382              | <b>GROUP ART UNIT</b><br>2621   | <b>ATTORNEY DOCKET NO.</b><br>NSG-205US |                                |
| <b>APPLICANTS</b><br>Tomihisa Saitou, Osaka, JAPAN;<br>Kouzou Fujino, Osaka, JAPAN;  |   |                                  |   |   |                                |
| <b>** CONTINUING DATA *****</b>  |   |                                  |   |   |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2000-347,755 11/15/2000<br>JAPAN 2001-6,176 01/15/2001<br>JAPAN 2001-206,325 07/06/2001<br>JAPAN 2001-281,120 09/17/2001   |   |                                  |   |   |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 12/06/2001</b>   |   |                                  |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>17   | <b>TOTAL CLAIMS</b><br>30               | <b>INDEPENDENT CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>23122  |   |                                  |   |   |                                |
| <b>TITLE</b><br>Image reading apparatus, its light source, and shading correcting apparatus  |   |                                  |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>1608   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |